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ASHFORD URBAN DISTRICTANNUAL REPORTFOR1951ON THEPUBLIC HEALTH OF ASHFORDBY THEMEDICAL OFFICER OF HEALTHJ. MARSHALLM.B., Ch.B., D.P.H.

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Medical Officer of Health (Ashford Urban District Council)
Principal Medical Officer (Kent County Council)

PUBLIC HEALTH OFFICERS OF THE

LOCAL AUTHORITY, 1951

Medical Officer of Health (A.U.D.C.) and Principal
Medical Officer (K.C.C.)

MARSHALL, J., M.B., Ch.B., D.P.H.

Chief Sanitary Inspector.

HARLAND, H.J., Cert.R.S.I., M.S.I.A., Certificated
Meat Inspector.

Additional Sanitary Inspector.

HAMMOND, S.F., Cert. S.I.E.J.B., M.S.I.A., Certificated
Meat Inspector.

A S H F O R D U R B A N D I S T R I C T

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND
CHIEF SANITARY INSPECTOR
FOR THE YEAR 1951

To the Chairman and Councillors of the Ashford Urban District.

Mr. Chairman, Ladies and Gentlemen,

It is my privilege to present to you my Annual Report for the year 1951. Throughout the year, there was no exceptional or dangerous incidence of disease. As the years advance, many dangerous hazards to health are being overcome or controlled. Government policy has been directed towards the promotion of positive health in childhood with gratifying results. Anyone who attends a Child Welfare Centre must be impressed by the admirable physical appearance of the babies and toddlers. School-children are also heavier and taller than those of preceding generations. Many thousands of years ago the Romans expressed the meaning of positive health by their aphorism "mens sana in corpore sano", and the policy of developing a sound mind in a sound body is being followed, particularly in the schools, with our children of today.

The number of births was 343 and the birth-rate 13.67. These figures reveal a further decline by 21 births from 1950 when the decline which had progressed since the 'peak' year 1947, was temporarily stayed. The rate is now lower than that for England and Wales. Many factors influence the birth-rate, especially the economic and social circumstances of the times and it is probable that the number of recently married couples is becoming less. Several desiderata may be inferred. There will be less crowding of primary schools and the post-war housing burden, which is gradually being relieved, will be further lightened. The days of large families, with few exceptions, now belong to the past. More housing accommodation will be required for the smaller type of family and at present two and three-bedroomed houses are urgently required for the no child, one child and two child groups of families.

The number of infant deaths was 7 (see table), giving an infant mortality rate of 20.41 per 1,000 live births. This shows an increase from 10.99 in 1950, which was the lowest rate ever recorded, but as the average since 1939 has been approximately 40, the trend of a declining mortality continues.

A basic factor which will favourably influence this rate is that every family can now have directly, though not indirectly, free medical advice and treatment from the family doctor, who forms the vital link between them and the National Health Service. The Maternity and Child Welfare Services have also an invaluable influence but should be regarded in their proper relationship as being services auxiliary to those of the family doctor, and regarded in this light, co-operation between the two should not be difficult.

There were also no deaths amongst mothers due to

pregnancy, childbirth or abortion and none has occurred since 1948. A number of these deaths are unavoidable but nevertheless the fact that none has occurred for the preceding three years is evidence that mothers are receiving careful and skilful examination and treatment during pregnancy, parturition and the puerperium by the Practitioners, Hospital Consultants, Ante-natal Clinic Medical Officers, and by Midwives and Maternity Nurses. Only one case of Puerperal Pyrexia was notified which is another indication that sepsis following child-birth which was common and greatly dreaded before the days of chemotherapy and the antibiotics is now held well in check.

The number of still-births was 11, and the rate 31.07, an increase from 1950, when the number was 6 and the rate 16.21, and also an increase on the average rate of 20 since 1939. As these numbers are small for statistical purposes the rate is not of true significance and it is expected that it will vary widely. However, ante-natal vigilance and skilled attendance at childbirth are prerequisites to a reasonable rate.

The chief cause of deaths as anticipated from the statistics of preceding years, was Heart Disease, Vascular lesions of the Nervous System and other Circulatory Diseases. Most of these deaths occurred amongst the aged

Cancer, also as anticipated was the second chief cause of deaths the number 52 being the same as that of the preceding year. The majority of these deaths were amongst persons over 70 years of age but the disease is responsible for the deaths of many younger persons whose expectation of life would otherwise have been much longer. Procrastination in diagnosis and treatment, commonly due to the patient's reluctance to seek advice or to the insidious nature of the disease, considerably worsens the chance of successful treatment.

There were only three deaths from Respiratory Tuberculosis and the number of new cases fell from 11 in the preceding year to 7. The annual average for a number of years has been 19 and it is encouraging to note that the decline has again gained fresh impetus. Factors which favour the propagation of infection, such as an unhealthy environment, poverty, malnutrition and ignorance on the one hand and insufficient Sanatorium and Hospital accommodation on the other, particularly for those who excrete the bacillus, are gradually being overcome. The Mass Radiography unit which periodically visits this District has been of great value in the detection of early cases and in three instances of advanced infectious cases. Approximately 4 new cases in every 1,000 X-rayed are being discovered, throughout the the Country.

There were no deaths from other Infectious Disease. All the common endemic more serious infectious diseases can be specifically treated with the exception of Acute Poliomyelitis (Infantile Paralysis), which may be mild or rapidly fatal. One mild case occurred during the year, and fortunately, there were no other or secondary cases. There was no clue to the source of infection. It is thought that the incubation period may be as long as 35 days, but during this period neither the child, who made a successful recovery nor the other members of the family

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had been away from the District. Reference to the incidence of other infectious diseases is made in the Report.

In conclusion I wish to thank you for your interest and co-operation in the work of the Department and also to thank my staff for their efficient and loyal service.

I am,

Yours obediently,

J. MARSHALL.

SECTION A.STATISTICAL AND SOCIAL CONDITIONS OF THEDISTRICT FOR 1951AREA: 5,719 acres.REGISTRAR-GENERAL'S ESTIMATE OF:

The Resident Population 25,090

NUMBER OF INHABITED HOUSES ACCORDING
TO THE RATE BOOKS. 7,906RATEABLE VALUE: £161,852SUM REPRESENTED BY A PENNY RATE: £682SOCIAL CONDITIONS.

Ashford is both an agricultural and an industrial town and a business and shopping centre for the large rural community which surrounds it. It merits importance by containing the largest agricultural market in Kent and by being a railway junction where five lines converge, associated with which is a large Railway Works where the majority of the working classes of the town are employed. There is also a number of other Factories, viz. Cycle Works, Iron Foundry, Printing Works, Agricultural Repair Shops, Flour Mills, Marine and Industrial Works, an Ordnance Depot, and Bread Factory.

At present there is little unemployment in this District and in general apart from the shortage of houses, social conditions are fairly satisfactory.

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EXTRACTS FROM VITAL STATISTICS

	<u>Total</u>	<u>M.</u>	<u>F.</u>		<u>Ashford</u> <u>Urban</u> <u>District</u>	<u>England</u> <u>and</u> <u>Wales</u>
1. Live Births	343	182	161	Birth Rate	13.67	15.5
(a) Legitimate	327	175	152	Per 1,000		
(b) Illegitimate	16	7	9	estimated		
				resident		
				population		
2. Stillbirths	11	6	5	Rate per	31.07	-
(a) Legitimate	11	6	5	1,000 total		
(b) Illegitimate	-	-	-	(live and		
				still) births		
3. Deaths	312	155	157	Death rate	12.44	13.4
				per 1,000		
				resident		
				population		
4. Deaths from Pregnancy, Childbirth and Abortion.	-	-	-	Rate per	-	9.79
				1,000 (live		
				and still)		
				births		
5. Deaths of Infants under One Year of Age.	7	2	5			
(a) Legitimate	6	2	4			
(b) Illegitimate	1	-	1			
Infant mortality rate per 1,000 live births					20.41	33.9
Rate re legitimate infants					18.35	
Rate re illegitimate infants					62.5	
6. Deaths from Cancer (all ages)					52	
Deaths from Measles (all ages)					-	
Deaths from Whooping Cough (all ages)					-	
Deaths from Gastritis, Enteritis and Diarrhoea (all ages)					2	

CAUSES OF DEATH IN ASHFORD URBAN DISTRICT

DURING 1951

			<u>Males</u>	<u>Females</u>
ALL CAUSES			155	157
1.	Tuberculosis, respiratory	... ..	-	3
2.	Tuberculosis, other	... ..	1	-
3.	Syphilitic Disease	... ..	1	-
4.	Diphtheria	... ..	-	-
5.	Whooping Cough	... ..	-	-
6.	Meningococcal Infections	... ..	-	-
7.	Acute Poliomyelitis	... ..	-	-
8.	Measles	... ..	-	-
9.	Other Infective and Paralytic Diseases	... ..	-	-
10.	Malignant neoplasm, stomach	... ..	7	3
11.	Malignant neoplasm, lung, bronchus	... ..	6	-
12.	Malignant neoplasm, breast	... ..	-	6
13.	Malignant neoplasm, uterus	... ..	-	5
14.	Other malignant and lymphatic neoplasms	... ..	16	9
15.	Leukaemia, aleukaemia	... ..	-	-
16.	Diabetes	... ..	-	-
17.	Vascular lesions of nervous system	... ..	16	26
18.	Coronary disease, angina	... ..	21	11
19.	Hypertension with heart disease	... ..	4	14
20.	Other heart disease	... ..	19	45
21.	Other circulatory disease	... ..	4	2
22.	Influenza	... ..	6	2
23.	Pneumonia	... ..	8	5
24.	Bronchitis	... ..	14	10
25.	Other diseases of respiratory system	... ..	1	-
26.	Ulcer of stomach and duodenum	... ..	6	-
27.	Gastritis, enteritis and diarrhoea	... ..	-	2
28.	Nephritis and nephrosis	... ..	-	1
29.	Hyperplasia of prostate	... ..	3	-
30.	Pregnancy, childbirth, abortion	... ..	-	-
31.	Congenital malformations	... ..	-	-
32.	Other defined and ill-defined diseases	... ..	18	12
33.	Motor vehicle accidents	... ..	2	-
34.	All other accidents	... ..	1	1
35.	Suicide	... ..	1	-
36.	Homicide and operations of war	... ..	-	-

SECTION B.GENERAL PROVISION OF HEALTH SERVICES FOR THE DISTRICT1. Laboratory Facilities.

The Central Laboratory in County Hall, is the principal laboratory in the County for the Public Health Services and also for the Hospital and Practitioner Services where none is provided in the local Hospitals. The service is comprehensive and adequately meets the needs of this District.

2. Ambulance Service.

Although the County Council is responsible for the administration of this service throughout Kent, the St. John Ambulance Brigade is responsible for the day to day execution of the service in Ashford and District, acting as a Voluntary Agency on behalf of the County Council who re-imburse expenditure incurred for the payment of full-time personnel, of whom there are three driver/attendants, and for the maintenance and garaging of vehicles etc. Other drivers and attendants are drawn from a panel of volunteers who deserve appreciation for their devotion and efficiency. There are four modern ambulances and one sitting-case car.

The Service is efficiently conducted and adequate for the demands made upon it.

3. Hospital Car Service.

This service is also administered by the County Council and executed locally by the District Officer.

There is a sufficient number of volunteer drivers who use their own cars for which they are re-imbursed at the rate of 7d. per mile for the first 300 miles, 5d. per mile for the next 300 miles, and any subsequent mileage at 4d. per mile, plus any subsistence expenses incurred. The Service fulfils a need on behalf of those who require to attend Hospitals and other centres for treatment but cases of abuse, when the patient is fit to travel by Public Transport, are reported from time to time.

4. Home Nursing and Midwifery Services.

These services are also administered by the County Council. There are six Home Nurse/Midwives on duty in this District, engaged in Midwifery, Maternity Nursing and the nursing of the sick in their homes. The service is efficient, liaison with the Practitioners is satisfactory and it is adequate for the needs of the District, although the nursing of chronic sick patients who should properly be in Hospital throws an added burden upon it.

5. Treatment Centres and Clinics.

All Maternity and Child Welfare, School, and Dental Clinics are administered by the County Council.

The following Clinics are held in Ashford:-

(i) Station Road. This is the Central and chief clinic and is contained in an "ad hoc" building. The outlying clinics are complementary. Sessions are held on Tuesdays and Thursdays of each week from 2.15 p.m.

(ii) Women's Institute Hall, Church Road, North Willesborough.

Sessions are held at 2.15 p.m. on alternate Fridays.

(iii) The Adult School Hall, Gladstone Road, South Willesborough.

Sessions at 2.15 p.m. on Fridays alternating with the North Willesborough Clinic.

(iv) The Women's Institute Hall, Faversham Road, Kennington.

Sessions are held at 2.15 p.m. on alternate Wednesdays.

(v) The Kingsford Memorial Hall, Kingsnorth Road, Ashford.

Sessions at 2.15 p.m. on Wednesdays alternating with Kennington Clinic.

Ante-natal, Post-natal and Women's Welfare Clinics.

These Clinics are held in the Station Road centre. Ante-natal and Post-natal Clinics are held every Monday at 2.15 p.m. The Women's Welfare Clinic is held on the 1st and 3rd Monday in every month from 10 a.m. by appointment. These Clinics are conducted by a Consultant.

(i) The following four clinics of the School Medical Service are held at 14, Canterbury Road, Ashford.

- (a) Dental Clinic.
- (b) Ophthalmic Clinic.
- (c) Minor Ailment Clinic.
- (d) Speech Therapy Clinic.

(e) Orthopaedic Clinic

This clinic is held at Ashford Hospital, is administered by the Regional Hospitals Board and appointments are made by the County Public Health Department on behalf of school-children. It is held on the 1st Thursday of each month at 2 p.m.

(ii) Venereal Diseases Clinics.

This clinic is held at Ashford Hospital on Tuesdays and Fridays at 10 - 11 a.m. for Females and from 11 - 12 noon for Males.

(iii) Tuberculosis Clinic

This clinic is held at No. 1, Barrow Hill Place, weekly on Tuesdays from 10 a.m. to 12-30 p.m.

(iv) Hospitals

- (a) Ashford General. Accommodation - approximately 137 beds.
- (b) Willesborough General. Accommodation - 147 beds.
- (c) Infectious Diseases. Accommodation - 40 beds.
- (d) Grosvenor Sanatorium (Private). Accommodation - 265 beds.

Private Nursing Homes.

There are two of these in the District. One at 37, Albert Road, is registered for three maternity beds, and the other at 260, Hythe Road, is registered for nine aged and infirm patients. Both homes were inspected throughout the year and found to be well conducted and to be giving satisfactory service.

6. Maternity and Child Welfare Service.

These Services are administered by the County Council, but for the information of the Urban Councillors the following comments are appropriate.

The attendances at the five Child Welfare Clinics continue to keep at a high level. Each is visited in turn by members of the Area Sub-Committee. Their reports are usually satisfactory, and take into consideration the limits imposed by the present need for economy. The services provided are auxiliary to those provided by the family doctors and children are referred to them for treatment when necessary. The Health Visitors form the link between the homes and the Clinics and unsatisfactory conditions which would adversely affect the child's health are improved as far as is possible in the circumstances. The Council's active Housing Programme has been responsible for the removal of many children from an unhealthy to a healthy environment and has thus prevented much ill-health, and in this respect is an economy in health expenditure, which is not generally realised.

As stated in the introduction, the trend is definitely for infant mortality to decrease. The causes of the 7 infant deaths may be noted from the following table. Prematurity, as in previous years was the chief cause of deaths. Many influences, physical and mental may cause premature birth and it is difficult to attribute a death due to prematurity to any single cause. For those premature babies nursed at home, draught-proof cots and other equipment may be obtained from the Child Welfare Centre, Station Road. Five of the 7 deaths were within the first week of birth and may be attributed to the complications of foetal life. The other 2 deaths at 7 and 8 months were due to diseases, serious in infancy.

Months	1	2	3	4	5	6	7	8	9	10	11	12
Miliary Tuberculosis	-	-	-	-	-	-	1	-	-	-	-	-
Precipitate Birth	1	-	-	-	-	-	-	-	-	-	-	-
Prematurity	3	-	-	-	-	-	-	-	-	-	-	-
Debility (Congenital)	1	-	-	-	-	-	-	-	-	-	-	-
Toxaemia from Acute Broncho-pneumonia	-	-	-	-	-	-	-	1	-	-	-	-

It is very pleasing that there were no maternal deaths, which as afore-said reflects very creditably on all who are engaged in the Midwifery Services. As new housing accommodation becomes more and more available the need for the more expensive Hospital beds owing to unsatisfactory home conditions, should accordingly decrease. In relation to confinements at home, the Domestic Help Service is available for those who have no relatives or friends to help them.

The Domestic Help Service is proving to be invaluable to lying-in mothers, and to others who through illness are incapacitated at home; particularly to the aged and infirm and chronic sick who have no-one to lend a helping hand and to mothers who become ill and have no-one, apart from a working husband, to care for their children.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

1. Water Supply.

The water supply within the Urban District is provided by two undertakings, viz., by Ashford Urban District Council and by the Mid-Kent Water Company.

The Council provides the supply for Central and South Ashford and North and South Willesborough, and The Mid-Kent Water Company for Kennington.

Ashford Urban District Council Undertakings.

This supply is obtained from the following three sources.

(i) Westwell

A new gravel-screen Bore-hole 160 feet deep was completed in August, 1948. The other two existing bore-holes were also gravel screened at the same time. A softening plant (Clark's Process) is in operation here. The water is pumped by an electrically-driven pump to a covered reservoir (capacity 1,000,000 galls.) at Potter's Corner, from where it enters the supply network. There is a connection between this reservoir and two stand-by reservoirs (280,000 and 36,000 galls. respectively) at Barrow Hill and a connection with the Mid-Kent Water Company's supply at Potter's Corner for emergency use. There is a further connection for emergency use with the Mid-Kent Water Company's supply in the Canterbury Road, at Little Bybrook.

(ii) Henwood.

This supply comes from four wells with interconnecting adits, approximately 40 feet deep. From the electrically driven pumps (with stand-by steam plant) the water is pumped into the supply network and the surplus is diverted into the reservoir at Potter's Corner.

The above two supply the whole of Central and South Ashford.

(iii) Hinxhill.

This water comes from a bore-hole approximately 200 feet deep, being raised by compressed air into a storage adit. It is then pumped by Reciprocating and Centrifugal pumps to a covered reservoir at Broomfields (100,000 galls.) from where it enters the supply network for the whole of North and South Willesborough. There is a connection for emergency use with the Central and South Ashford supplies at the Railway Bridge, Hythe Road.

The waters from these three sources are all chlorinated, as an additional measure of safety, though the untreated waters have in successive years been of excellent bacteriological and chemical quality.

Samples.

By arrangement with the County Laboratory, quarterly bacteriological samples are taken, two from each of the three sources. Also three samples for chemical analysis were taken half-yearly at the three sources.

Examination of Samples taken during the Year.

	<u>Bacteriological</u>		<u>Chemical</u>	
	<u>No.</u>	<u>Results</u>	<u>No.</u>	<u>Results</u>
Raw Water	3	Satisfactory	1	Satisfactory
Treated Water	20	Satisfactory	12	Satisfactory

There are 13 houses not connected to the public supply mains and 9 of these are situate in Beaver Lane and 4 in Chart Road. 7,893 houses are connected to the public mains.

The Mid-Kent Water Company.(i) Barham

This water is taken from the chalk, the well being about 200 feet deep. It is pumped to Hastingleigh Reservoir (capacity 500,000 gallons) from where it reaches the Kennington supply network.

(ii) Charing.

This water is obtained from the greensand and the borings are approximately 160 feet deep. It is pumped to Fairbourne and Charing Hill Reservoirs (capacity 1,000,000 and 283,500 gallons respectively. These reservoirs afford a subsidiary or auxiliary supply to Kennington.

Samples

Monthly bacteriological and quarterly chemical samples are taken. These, during the year were Class 1 waters bacteriologically and were chemically of good organic quality.

2. Drainage and Sewerage.

There was no major development during the year.

Total number of Inhabited Houses (including Flats) is	...	...	...	...	7,906
Total number of houses connected to the sewers	...	...	...	...	7,688
Number of houses not connected to the sewers	...	...	...	...	218

3. Swimming Baths.

The Ashford Urban District Council Public Bath was in full use during the season. The water is chlorinated by a break-point chlorinator and there is also an electric suction sweeper for cleansing the basin of the bath. The size of the bath is 100 x 25 yards, and its capacity 600,000 gallons. Regular samples of the water were sent for bacteriological examination, and all were satisfactory. (B.Coli presumptive, absent in 100 cc.s).

4. Eradication of Vermin.

The number of houses found to be infested with vermin was as follows:-

	<u>Bugs</u>	<u>Fleas</u>
Council houses	10	6
Other houses	8	2

All these premises were disinfested by means of 5% D.D.T. in Kerosene in spray form. This form of disinfestation proved very efficacious, as none of these houses needed a second treatment. The number of houses found to be infested with bugs has steadily decreased since the war, co-incident with the use of D.D.T.

Other forms of infestations occasionally dealt with included beetles, ants, earwigs and wasps.

5. Rats and Mice Destruction.

A free rodent destruction service has been built up and this is available to occupiers of dwelling-houses and to business premises where the nature of the business does not call for the services of a regular contractor. Routine measures to destroy rats in the area include the regular baiting of sewers which receive six-monthly treatments and more frequently in the town area where the sewers are more favourable to the spread of rat infestation. The Council's refuse dump at Chilmington is regularly treated by the methods of gassing and poison-baiting.

The number of infestations treated during the year was 98 (rats) and 163 (mice).

6. Sanitary Inspection of the District.

Details of Inspection work carried out:-

					<u>No. of Visits and re-visits.</u>
Bakehouses	...	...	...	...	67
Dairies	...	...	...	...	38
Slaughterhouses...	...	...	...	...	435
Offensive Trades..	...	...	...	...	5
Factories with Mechanical Power	...	...	...	...	177
Factories without Mechanical Power)	...	...	...	...
Workplaces	...	...	...	...	11
Butchers' Shops...	...	...	...	...	74
Fish Frying Premises	...	...	...	...	28
Other Food Shops	...	...	...	...	192
Food Preparing Premises	...	...	...	...	141
Ice Cream Vendors and Manufacturers	...	...	...	...	131
Rat and Mice Destruction	...	...	...	...	793
Other Vermin	...	...	...	...	36
Housing Repairs...	...	...	...	...	1610
Housing - overcrowding...	...	...	...	...	98
Tents, Vans and Sheds	...	...	...	...	22
Offensive Accumulations..	...	...	...	...	18
Keeping of Animals	...	...	...	...	24
Dustbins	...	...	...	...	22
Drainage repairs..	...	...	...	...	111
Drainage cleansing	...	...	...	...	62
Sanitary Accommodation...	...	...	...	...	123
Shops Act	...	...	...	...	284
Water Samples	...	...	...	...	37
Milk Samples	...	...	...	...	65
Ice Cream Samples	...	...	...	...	51
Infectious Diseases	...	...	...	...	31
Smoke Abatement...	...	...	...	...	27
Water Supply	...	...	...	...	29
Miscellaneous	...	...	...	...	456
<u>Total Number of Visits</u> ..					<u>5,198</u>

Work Completed.

Wash-hand Basins...	...	...	...	12
Brickwork Repaired	...	...	...	5
Houses at which drains were repaired...	...	...	...	18
Choked drains cleared	...	...	...	19
Intercepting traps fixed	...	...	...	2
Gully traps fixed	...	...	...	2
Inspection Chambers built, new covers provided	...	...	...	7
Soil and vent pipes fixed or repaired	...	...	...	4
Water supply pipes repaired or renewed	...	...	...	7
Sink waste pipes renewed or trapped	...	...	...	7
Sinks renewed	...	...	...	6
W.C. pans fixed	...	...	...	15
Additional W.C.'s fixed	...	...	...	6
W.C. compartments ventilated	...	...	...	3
W.C. seats renewed	...	...	...	1
W.C.'s repaired and rebuilt	...	...	...	2
New flushing cisterns provided..	...	...	...	2
Flushing cisterns repaired	...	...	...	23

Work completed (Contd.)

Roofs repaired	...	...	...	77
Eaves, Gutters and Fall Pipes repaired or renewed	...	...	...	54
Chimney pots replaced	...	...	...	7
Chimney stacks repaired	...	...	...	10
Outbuildings	...	...	...	4
Accumulations removed	...	...	...	8
Cesspools Emptied	...	...	...	8
Yard Paving renewed...	...	...	...	4
Stoves repaired or renewed...	...	...	...	12
Rooms cleansed and/or disinfected ..	...	...	...	18
Window frames repaired or renewed...	...	...	...	35
Sashcords	...	...	...	14
Wall and ceiling plaster repaired...	...	...	...	44
Dampness in walls remedied...	...	...	...	67
Dampness in floors	...	...	...	3
Wash coppers repaired, supplied or renewed	...	...	...	6
Doors repaired	...	...	...	15
Floors repaired	...	...	...	18
Staircases repaired...	...	...	...	1
Sub-floor ventilation	...	...	...	4
Miscellaneous	...	...	...	16

FACTORIES ACT, 1937

1. Inspections for purposes of provision as to health (including inspection made by Sanitary Inspectors).

Premises (1)	Number on Reg- ister (2)	Inspec- tions. (3)	Number of Written Notices (4)	Occupiers Prosecuted (5)
i) Factories in which Sections 1, 2, 3, 4 and 6, are to be enforced by Local Authorities	40	45	2	-
ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	137	142	6	-
iii) Other premises in which Section 7 is enforced by the Local Authority (excluding Out-workers premises)	11	11	-	-
Total	188	198	8	-

2. Cases in which defects were found.

Particulars (1)	Number of cases in which defects were found		Referred To H.M. By H.M. Inspector Inspector		Number of cases in which Prosecutions were Instituted (6)
	Found (2)	Remedied (3)	(4)	(5)	
nt of cleanliness (S.1)...	10	10	-	2	-
ercrowding (S.2) ...	-	-	-	-	-
reasonable Temperature (S.3)	-	-	-	-	-
adequate Ventilation (S.4)	-	-	-	-	-
effective drainage of floors (S.6) ...	-	-	-	-	-
nitary Convenience ..					
(a) insufficient ...	3	3	-	-	-
(b) unsuitable or defective ...	8	8	-	-	-
(c) not separate for sexes	3	2	-	-	-
her offences against the Act (not including offences relating to outwork) ...	6	6	-	-	-
Total	30	29	-	2	-

SECTION D.Housing

The number of dwellings completed during the year was as follows:-

	<u>1951</u>	<u>1946 - 51</u> (Inclusive)
(i) Prefabricated temporary bungalows	-	144
(ii) New permanent houses		
<u>Woolreeds Estate (Sth. Ashford)</u>		
(a) 3 bedroom type	76	353
(b) 4 bedroom type	4	21
<u>Musgrove Estate (Sth. Ashford)</u>		
(a) 2 bedroom type	16	16
(b) 3 bedroom type	15	15
(c) 4 bedroom type	3	3
<u>Osborne Road Estate (Willesborough)</u>		
(a) 2 bedroom type	-	28
(b) 3 bedroom type	-	175
(c) 4 bedroom type	-	4
(iii) <u>Flats</u>		
<u>Woolreeds Estate</u>		
(a) Bed-sitting room flats	2	6
(b) 2 bedroom type	2	6
<u>Musgrove Estate</u>		
(a) Bed-sitting room	2	2
(b) 2 bedroom type	2	2

<u>Flats (Contd.)</u>	<u>1951</u>	<u>1946 - 51</u>
<u>Godfrey Walk</u>		<u>(Inclusive)</u>
(a) Bed-sitting room type	13	13
(b) 1 bedroom type	27	27
(c) 2 bedroom type	28	28
<u>Waterside House and East Stour Farm</u>	-	13
(iv) <u>Hutment Units (Stanhope Camp)</u>	-	33
(Reduction from 43 in 1950 due to demolition of unfit Huts.)		
Total number of dwellings provided by the Council	190	850
(v) Houses completed by private enterprise	19	80

At the time of writing (July 1952), the following is an approximate estimate of the numbers and size of the families on the waiting list.

	<u>Actual No.</u>	<u>Estimated</u>
	<u>Registered.</u>	<u>"Effective" No.</u>
(i) No children	408	324
(ii) One child	211	178
(iii) Two children	115	94
(iv) Three children	40	29
(v) Four and more children	30	26
(vi) Single Persons.	20	20
	<u>824</u>	<u>671</u>

Local Householders with adequate accommodation

(i) Childless Couples	57	47
(ii) One child	65	59
(iii) Two children	45	37
(iv) Three children	19	15
(v) Four or more children	9	5
	<u>1,019</u>	<u>834</u>
<u>Totals</u>	<u>1,019</u>	<u>834</u>

It will be noted from these lists that 850 families of varying size have been accommodated in Council Houses since 1946. Although this represents considerable achievement the number of families on the waiting list appears to remain static, i.e. between 800 - 1,000. The list of classified applicants indicates the need that exists for two and three bedroomed houses which most people with children prefer to flats for obvious reasons and the majority of the houses now being built are of this type. Proper regard will require to be focussed on this list, if and when the District is required to absorb an 'over-spill' population from London. There is also a formidable list of low-grade houses which, as they deteriorate through age, are costly to repair and maintain at a reasonable standard. There are however people who prefer to live in these houses which have low rents relative to those of new Council houses.

SECTION E.Inspection and Supervision of FoodMilk Supplies.

There are in the Urban District 7 Producers of milk of whom 4 are Producer Retailers. Of the Producers 5 produce Tuberculin Tested Milk, 1 Accredited and 1 Undesignated milk. There are 11 registered distributors of milk.

Dairies are regularly inspected to ensure that the standards prescribed by the Milk and Dairies Regulations 1949 are maintained. Samples of milk are taken regularly from dairies and with 1 exception all were satisfactory. Periodic samples of milk are taken for examination for the presence of Tubercle Bacilli and during the year 27 such samples all gave negative results.

In addition samples are taken regularly under the Milk Testing Scheme of the Ministry of Agriculture, whose Regional Laboratory is situated in this District.

During the year, the following samples were taken for bacteriological examination:-

	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Tuberculin Tested ...	7	-
Undesignated ...	16	1
Pasteurised ...	3	-

Ice Cream

A very large quantity of ice-cream is consumed by the Public not only during the Summer months but also throughout the Winter months. A high standard of hygiene in manufacture, storage and sale is therefore constantly essential to maintain bacteriological purity. Regular inspection of premises is necessary to ensure the observance of scrupulous cleanliness with particular regard to the method by which it is served to the customer. Hand washing facilities must be provided with both hot and cold water and soap and clean towels readily available.

48 shops sell pre-wrapped ice-cream only, and 10 shops and cafes sell unwrapped in addition to wrapped ice-cream. 19 samples were taken during the year and all were classified Grade 1 by the County Laboratory (Methylene Blue Test), and no disease producing organisms were found.

There is only one manufacturer and the firm must comply with the Ice Cream (Heat Treatment etc.) Regulations, 1947-1951. All persons manufacturing, storing or selling ice-cream must register their premises with the Local Authority, (Food and Drugs Act, 1948), excepting Clubs, Hotels, Restaurants, Theatres and Cinemas.

Meat and Other Foods.Unsound Food (Food and Drugs Act, 1938)Unsound Food Surrendered

	<u>lbs.</u>		<u>lbs.</u>
Ham	935 $\frac{3}{4}$	Beef	182
Brawn	16 $\frac{1}{4}$	Heads and Tongues ...	650
Tongue	10	Heart	4 $\frac{1}{2}$
Vcal Loaf... ..	254	Cake Mixture	4 $\frac{1}{2}$
Bacon	31 $\frac{3}{4}$	Cake	86 $\frac{1}{2}$
Stewed Steak	11	Confectionery	9 $\frac{1}{2}$
Luncheon Meat	300	Sausages	79
Fish	145	Tinned Milk... ..	549 $\frac{1}{2}$
Cheese	19 $\frac{1}{4}$	Vegetables	287 $\frac{1}{2}$
Flour	3	Soup	27 $\frac{1}{2}$
Pork	146 $\frac{3}{4}$	Fruit	228 $\frac{1}{4}$
Tea and Coffee	14 $\frac{1}{2}$	Puddings	39 $\frac{1}{4}$
Fruit Juices	3	Tomatoes	45
Jam	16 $\frac{3}{4}$	Pickles and Sauces... ..	5 $\frac{3}{4}$
Marmalade... ..	24	Paste	92 $\frac{3}{4}$
Spaghetti... ..	11 $\frac{1}{2}$	Pudding Mixture	9
Rabbit	32	Biscuits	122
Fat	112	Gravy Powder	9
Corned Beef	4 $\frac{1}{2}$	Sausage Rusk	72
Strained Foods	2 $\frac{3}{4}$	Cereals	3
Oatmeal	170 $\frac{3}{4}$		

Total weight condemned : 2 tons 0 cwts. 25 $\frac{1}{2}$ lbs.

Twenty-six registered food-preparing premises, and shops, stalls and vehicles, etc., where food is sold were frequently inspected for unsound food.

No cases of food poisoning were notified during the year.

Meat Inspection.Carcases Inspected and Condemned.

	<u>Cattle excluding Cows</u>	<u>Cows</u>	<u>Calves</u>	<u>Sheep and Lambs</u>	<u>Pigs</u>
Number killed ...	783	239	408	2137	359
Number inspected ..	783	239	408	2137	359
<u>All diseases except Tuberculosis:-</u>					
Whole carcasses condemned 3		3	20	41	12
Carcases of which some part or organ was condemned ...	249	115	6	174	181
Percentage of the number inspected affected with disease other than tuberculosis	32.14	49.17	6.18	9.34	55.5
<u>Tuberculosis only:-</u>					
Whole carcasses condemned 3		7	2	-	5
Carcases of which some part or organ was condemned ...	64	51	-	-	17
Percentage of the number inspected affected with tuberculosis...	9.68	24.2	0.49	-	6.11

During the year a special routine examination of cattle was continued for the detection of cysticercus bovis (more commonly known as "Measles" in beef). A number of carcasses were subsequently found to have one or two C.bovis and the carcasses concerned, in appropriate cases, were detained for a period of cold storage which effectively kills any parasites and renders the meat safe. No instances of a generalised condition were found

Prevalence and Control over Infectious
Disease

1. Scarlet Fever.

There were 11 cases during the year, most being mild and uncomplicated. All excepting two cases in one family were sporadic and apparently unrelated. It is very difficult to differentiate between cases of mild Scarlet Fever and mild German Measles, without the aid of swabs from throat and nose for the Haemolytic Streptococcus.

The rash is often atypical, indefinite and transient, the fauces may be mildly inflamed, the tongue of similar appearance and the posterior cervical glands enlarged in both. Other typical signs of these diseases may be absent. Cases which apparently were clinically Rubella with negative swabs have been found later to show peeling of the hands and feet which is presumed to be caused only by Scarletina. Differential diagnosis is of some importance in that a case of Scarlet Fever, if diagnosed as Rubella, may be a source of infection to others, and if at school may cause the loss of valuable time to pupils about the time of examinations. Vice-versa if Rubella is diagnosed as Scarlet Fever, children may be excluded unnecessarily from school and adults from employment. It is important too that women in the early months of pregnancy should not be exposed to infection from Rubella which as is now well known may cause congenital abnormalities in the infant.

It would seem that the most practical method of differentiating between the two diseases in the home would be to take swabs of the nose and throat; preferably two of each in succession. If these are negative, then it is likely that the case is one of Rubella, and even if it is later shown to be Scarlet Fever by the peeling of the hands and/or feet it is improbable with negative swabs that the case would be infectious, as usually with infectious cases the nose and/or throat swabs show a profuse growth of the Haemolytic Streptococcus.

Whooping Cough.

There was an epidemic of this disease, 252 cases being notified. Only one case was admitted to the Infectious Diseases Hospital, with the common complication broncho-pneumonia, and made a successful recovery. There were no deaths. Broncho-pneumonia is the most dangerous complication especially in infancy, but treatment is usually successful unless the disease has become too advanced. Early diagnosis is therefore of first importance.

It is extremely difficult to prevent the spread of this disease. Inoculation with the vaccine, unlike immunisation against Diphtheria, has not yet been definitely proved to give certain immunity. Many cases are not suspected at the onset when they are most infectious and are allowed to attend school or mix indiscriminately with other children. During its prevalence, suspected children should be immediately isolated in bed. Strict isolation of cases for about five weeks is the most

important step in prevention. If this is strictly enforced, then theoretically susceptible contacts should be quarantined for the length of the incubation period from the date of the last exposure to infection i.e. for about three weeks, but this is usually impracticable.

Measles.

There was also an epidemic of this disease, 492 cases having been notified. Like Whooping Cough, it is most infectious before it is usually recognised and by this time the virus is widely disseminated. Also, as with Whooping Cough, the most dangerous complication is broncho-pneumonia, particularly in infants, or in those who are suffering from an intercurrent illness or are in poor health with low powers of resistance. Convalescent serum and Gamma Globulin are available at the County Laboratory to prevent or attenuate an attack for susceptible children in this category.

Acute Poliomyelitis (Infantile Paralysis)

There was one case of this unwelcome disease. The patient was a girl of three years whose family lived in a recently built Council house. The paralysis which affected the right leg only was mild and the child successfully recovered after orthopaedic treatment. There were no other or secondary cases. No clue as to the source of infection could be postulated. Neither she nor any members of the family had been outside the district for six weeks before the onset and they had had no visitors. It is possible that she was infected by a healthy or convalescent carrier or by a mild missed case, but this is mere conjecture.

Erysipelas.

Three of these cases were notified and one was admitted to the Infectious Diseases Hospital. This used to be a common and serious disease but treatment by chemotherapy or by the appropriate antibiotic is now specific, and the disease is no longer dreaded.

There were no cases of other serious Infectious Diseases, as for example, Typhoid or Para-typhoid Fever, Dysentery, Diphtheria, or Cerebro-spinal Fever.

Notifiable Diseases During the Year 1951.

<u>Disease</u>	<u>Total Cases Notified</u>	<u>Cases admitted to Isolation Hosp.</u>	<u>Total Deaths.</u>
Scarlet Fever ...	11	7	-
Whooping Cough ...	252	1	-
Erysipelas ...	3	1	-
Measles ...	492	-	-
Acute Primary or Influenzal Pneumonia	12	-	1
Acute Poliomyelitis.	1	1	-
Puerperal Pyrexia...	1	-	-

Analysis Under Age Groups.

Disease	Under 1 Year	1	2	3	4	5- 9	10- 14	15- 19	20- 34	35- 44	45- 64	65 and over
Scarlet Fever	-	-	-	3	1	4	2	1	-	-	-	-
Whooping Cough	17	21	31	39	26	100	5	-	4	5	1	3
Measles	10	42	34	67	74	251	5	1	5	-	1	-
Acute Primary or Influenzal Pneumonia	-	-	-	1	-	3	-	-	-	1	5	2
Acute Poliomyelitis	-	-	-	1	-	-	-	-	-	-	-	-

Immunisation against Diphtheria, 1951.

The following is a return of the number of children resident in the Urban District of Ashford under the age of 15 years on 31st December, 1951, who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1937).

Year of Birth	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
	205	246	229	212	205	276	268	397	436	382	374
Year of Birth	1948	1949	1950	1951	Total						
	312	232	301	33	4,108						

Immunisation against Diphtheria and Vaccination against Smallpox, 1951.

The following is a return of (A) the number of children resident in the Ashford Urban District who were immunised against diphtheria and (B) the number of persons who were vaccinated against smallpox, during the year ended 31st, December, 1951.

(A) DIPHTHERIA IMMUNISATION

Year of Birth	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	Total
Primary Inoculations	33	270	35	7	11	19	19	6	3	2	-	1	6	11	14	437
Reinforcing Inoculations	-	-	-	1	15	222	103	11	63	44	3	41	108	121	132	864

(B) VACCINATION

Age at 31st December, 1951.	Under 1	1 to 4	5 to 14	15 or over	Total
Number Vaccinated	139	99	18	32	283
Number Re-Vaccinated	-	3	27	100	130

Public Health (Prevention of Tuberculosis)
Regulations, 1925 and Public Health Act, 1936
(Section 172).

No action was necessary during the year in accordance with the above Acts.

Tuberculosis

New Cases and Mortality 1951

Age Periods			New Cases				Deaths			
			Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
			M.	F.	M.	F.	M.	F.	M.	F.
0	...	...	-	-	-	-	-	-	-	-
1	...	...	-	-	-	-	-	-	-	-
5	...	...	-	-	-	-	-	-	-	-
15	...	...	1	4	-	-	-	1	-	-
25	...	...	2	-	-	-	-	-	-	-
35	...	...	-	-	-	-	-	1	-	-
45	...	...	-	-	-	-	-	-	-	-
55	...	...	-	-	-	-	-	-	-	-
65 and upwards			-	-	-	-	1	-	-	-
Totals			3	4	-	-	1	2	-	-

It will be noted from the above table that 7 new cases of Respiratory Tuberculosis were notified. The annual average for a number of years has been 19. The first significant fall occurred in 1950 when 11 cases were notified, almost a half and in 1951, almost a third of the average number in preceding years. These figures are very encouraging and there is reason for hope that the decline will continue. The Mass Radiography Unit which visits this District periodically to X-ray the chests of samples of the population at Schools, Factories and Offices, has been of value in detecting early cases and in a few instances has found advanced cases in Factories and Offices who were a dangerous source of infection to others. More Sanatorium and Hospital beds are becoming available for the isolation and treatment of the infectious cases, but this problem is yet by no means solved. As new housing progresses more and more families are being moved from an unhealthy environment. Children and adolescents today have more powers of resistance due in part to the provision of school meals and milk and the training they receive in healthy out-door recreation and sport.

Those who contract Tuberculosis are unfortunate members of the community and apart from treatment they should have every consideration shown to them to relieve anxiety and to aid their rehabilitation. Their need for re-housing from a vitiated environment when it arises should be sympathetically considered.

There were no new cases of non-respiratory Tuberculosis and no deaths. Higher bacteriological standards of milk supplies due to careful supervision is one of the chief causes, but milk will not be absolutely safe until it is all Tuberculin Tested and/or Pasteurised.

